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In re Patent Application of			665-152			
پر APR 0 2 2009	DKI.	C#	M#			
SCHWEIGHOFFER et al. 1. C/A.	U.	1612				
SCHWEIGHOFFER et al RADEAN EXTERNAL EXT	kaminer:	PACK	ARD			
Filed: July 7, 2005	Date:	April 2,	2009			
Title: METHODS AND COMPOSITIONS FOR THE OCULAR PATHOLOGIES	TREATME	ENT OF	DEGENERATIVI	=		
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						
Sir:						
This is a response/amendment/letter in the above- incorporated by reference and the signature below signature thereon.	-identified	applica	ENT/LETTER ation and including ignature to the	les an attachment which is attachment in the absence	hereb of any	y other
☐ Correspondence Address Indication	n Form	Attac	hed.			
Fees are attached as calculated below: Total effective claims after amendment 0 previously paid for 20 (at least 20) =		nighest \$52.00	number)	\$0.00 (1202)/\$0.00 (2202)	\$	
Independent claims after amendment previously paid for 3 (at least 3) =	minus h	nighest \$220.0		\$0.00 (1201)/\$0.00 (2201)	\$	
If proper multiple dependent claims now added for	or first time	e, (igno	re improper); a	dd		
Petition is hereby made to extend the current due paper and attachment(s)	One Two Mo Three Mo Four N	Month I onth Extends to the Extended to the Ex	over the filing da Extension \$130 tensions \$490.0 ensions \$1110 xtensions \$173	0.00 (1203)/\$195.00 (2203) ate of this 0.00 (1251)/\$65.00 (2251) 00 (1252)/\$245.00 (2252) 00 (1253/\$555.00 (2253) 00.00 (1254/\$865.00 (2254)		
Terminal disclaimer enclosed, add			\$140	0.00 (1814)/ \$70.00 (2814)	\$	
☐ Applicant claims "small entity" status. ☐ S	Statement	filed he	erewith			
Rule 56 Information Disclosure Statement Filing F	⁼ ee			\$180.00 (1806)	\$	0.00
Assignment Recording Fee				\$40.00 (8021)	\$	0.00
Other:					\$	0.00
				TOTAL FEE	\$	0.00
☐ CREDIT CARD PAYMENT FORM	ATTA	CHED				
The Commissioner is hereby authorized to charge asserted to be filed, or which should have been file (irm) to our Account No. 14-1140.	any <u>defic</u> ed herewi	<u>ciency,</u> oth (or w	or credit any ov ith any paper h	erpayment, in the fee(s) file ereafter filed in this applica	d, or tion by	y this
901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Felephone: (703) 816-4000 Facsimile: (703) 816-4100			NDERHYE P.0 Sadoff, Reg.			
3.1S:nn	Signs	turo:		/P I Codoff/		